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MN014601. Navy Medicine Office of Homeland Security Established
WASHINGTON, DC - Navy Surgeon General VADM Michael L. Cowan, MC, announced Wednesday that he has established the Navy Medicine Office of Homeland Security (NavMed OHLS) to serve as the focal point for homeland security efforts throughout Navy Medicine.

Cowan established the office in response to the terrorist attacks of Sept. 11.

The NavMed OHLS's mission is to develop and execute strategies to prepare for, prevent, protect against, respond to, and recover from threats or attacks that involve the Navy Medical Department. It will have a full-time staff at the Bureau of Medicine and Surgery and will also draw on expertise from active duty, Reservists and civilians throughout Navy Medicine.

NavMed OHLS activities will be aligned with other organizations involved with homeland security, including the White House Office of Homeland Security, the Department of Defense, Chief of Naval Operations and federal agencies that are DOD's partners in the Federal Response Plan, which outlines actions to be taken in the event of a Presidentially-declared disaster or terrorist attack. It will work closely with the other services to use their assets optimally.

RADM Alberto Diaz, MC, will head the NavMed OHLS. He will also continue in his position as assistant chief for education, training and personnel at the Bureau of Medicine and Surgery.

"One of the first steps the office is taking is to get the right training to our front line healthcare providers," said CDR Mary Chaffee, NC, the deputy for the office. Twelve hours of chemical and biological medical training will be required of most primary care providers and other clinicians. Chaffee said that NavMed OHLS will take a global view of Navy Medicine to identify its strengths in facing disasters and terrorist threats, and then look at its vulnerabilities.

"We will identify our vulnerabilities and minimize them to enhance our preparedness. Our efforts will also be focused on effective response to any type of threat. Navy Medicine must be able to perform its mission of force health protection under any circumstances," she said.

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MN014602. DoD Urges Flu Shots for All

WASHINGTON, DC - Assistant Secretary of Defense for Health Affairs William Winkenwerder, M.D., is urging everyone in the DoD family to get a flu shot this year.

Influenza - "the flu" - is a respiratory infection caused by the influenza virus. Compared with most other viral respiratory infections, such as the common cold, influenza infection often causes a more severe illness. Typical influenza symptoms includes fever ranging from 100 to 103 degrees in adults and often even higher in children, cough, sore throat, runny or stuffy nose, headache, muscle aches, and extreme fatigue.

Winkenwerder expects all military installations to now have sufficient supplies of the vaccine. DoD ordered three million doses this year. Three strains of influenza are expected to make the rounds in the U.S. this season, originating from Moscow, New Caledonia and Sichuan. The flu vaccine will protect you from all three.

Winkenwerder also stresses that although the public generally thinks of flu as a mild disease, it can be serious. During a "normal" flu season, about 20,000 Americans die. The deadly "Spanish flu" of 1918-19 caused approximately 500,000 deaths in the U.S. alone, and an estimated 20 million worldwide. During that pandemic, healthy young people were falling victim to the virus.

It's also a readiness issue for our Sailors and Marines.

"It's critically important in view of our current situation that our active duty Sailors and Marines are immunized," said CDR Rick Morrison, MSC, deputy director of readiness, Bureau of Medicine and Surgery. "Not only will preventing the flu reduce personnel downtime, but several biological warfare agents have initial symptoms similar to the flu. Having had the flu vaccine early on makes the job of diagnosing a biological warfare agent easier."

Many DoD treatment facilities offer shots at workcenter locations, but if you missed getting one, vaccine is still available. Contact your treatment facility on where and when to get it.

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MN014603. STENNIS Group Provides Medical Aid to Fisherman

By USS JOHN C. STENNIS Public Affairs

On board USS JOHN C. STENNIS - Crewmembers from USS JOHN C. STENNIS (CVN 74), USS LAKE ERIE (CG 70) and USS LAKE CHAMPLAIN (CG 57) aided an Indonesian man recently after receiving word from the U.S. Coast Guard that he'd been struck in the eye by a parted fishing line on a Japanese fishing vessel.

"We coordinated with the Coast Guard, the fishing vessel and the other ships in the battle group and sent one of our flight surgeons with the LAKE ERIE to the fishing vessel, which was about 600 miles away," said STENNIS' ship surgeon, LCDR Todd Peterson, MC.

According to Carrier Air Wing Nine's flight surgeon, LT Sean Skelton, MC, the fishing vessel reported the injured fisherman stable enough to remain on board until daylight, when the evacuation could take place.

"At about 3 a.m., we (LAKE ERIE) rendezvoused with the ship. I was sitting on the darkened bridge of an Aegis-class cruiser, translating in Japanese over the bridge-to-bridge radio to the other ship coordinating a

path to take until morning to bring us closer to the battle group," Skelton said.

When daylight came, high seas prevented removing the injured fisherman by helicopter. Skelton and an independent duty corpsman from LAKE ERIE took a rigid-hulled inflatable boat to the fishing vessel and transported the fisherman back to LAKE ERIE. They then boarded an SH-60B Seahawk helicopter, made a stop aboard LAKE CHAMPLAIN for fuel, then arrived aboard JOHN C. STENNIS in the early afternoon of Nov. 14. The trip totaled more than 600 miles and stretched out over 24 hours.

"This was a highly complex evolution and a total team effort," said CAPT Robert Wells, LAKE CHAMPLAIN's commanding officer. "It involved working the entire battle group, the air detachments and the Coast Guard. I am very proud of the fact that the 'Champ' could be a part of this."

"I felt like I was in a Navy commercial," Skelton added. "We were going out there and doing something really adventurous - but doing it in a way that was professional. It was something that we needed to do, and I'm just glad to have been a part of it."

Once the injured fisherman was aboard STENNIS, the most difficult task was the language barrier. HM2 Rex Afan Vizcaya was able to communicate with the fisherman through basic words from the Tagalog dialects - Ilokano and Gaddang.

The STENNIS Battle Group recently deployed in support of Operation Enduring Freedom.

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MN014604. Bethesda Offers New Endovascular Surgery

By JO3 Rebecca Whitney, National Naval Medical Center Bethesda

BETHESDA, Md. - A team from National Naval Medical Center Bethesda recently performed the first two endovascular abdominal aortic aneurysm (AAA) repairs, a less invasive surgery than the conventional repair, which allows quicker recovery with less discomfort.

An abdominal aortic aneurysm is a clot in the main aorta in the abdomen.

"When performing conventional open repair, the surgical team will make an incision in the abdomen about 10 inches long," said LCDR Shyam Krishnan, MC, chief resident of general surgery. Patients usually spend seven to 10 days in the hospital and six weeks of convalescence because the incision takes so much time to heal.

Endovascular AAA repair surgery is less invasive, requiring only two 2-inch incisions made in the creases of the groins. A flexible catheter places a graft inside the aorta. Doctors use a C-arm X-ray machine to guide them through the procedure since all the work is done from inside the vessels.

In most circumstances, patients who undergo endovascular repair are home within two to three days and back to their regular activities within two to three weeks.

"Not everybody is a candidate for endovascular AAA repair," said LCDR James Rothstein, MC, the only vascular surgeon at NNMC who is currently performing these surgeries. "Certain specific requirements must be met in order for the patient to be an eligible candidate."

Even if patients meet all the physical requirements to be an endovascular repair candidate, other considerations come into play, including if the patient will be remaining in the Bethesda area.

"With conventional open repair, we know how the graft will respond 10 years from now," said Rothstein. "But we don't have those results on endovascular repair. Close follow-up at the treating institution is a requirement."

The FDA has now approved grafts for endovascular repair, and it has become standard for eligible patients, according to CAPT Jeffrey Georgia, MC, assistant service line leader for Radiology service line and head of cardiovascular interventional radiology. Georgia was specially trained in the procedure at Dartmouth-Hitchcock Medical Center in New Hampshire during a yearlong fellowship.

In addition to bringing an effective alternative to lengthy recovery period with less discomfort, offering the surgery at Bethesda provides exceptional training opportunities for the vascular surgeons, interventional radiologist, anesthesiologist, perioperative nurses, scrub technicians and radiologic technologists on staff.

For more information about Bethesda's endovascular AAA repair surgery, contact the vascular surgery clinic at 301 295-4440. Vascular surgery has an open-door policy allowing the clinic to see all patients who need their services.

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MN014605. Okinawa All-Women Team Competes in Cup Challenge

By LT Sonny Tizon, MSC, U.S. Naval Hospital Okinawa

OKINAWA, Japan - Six hospital corpsmen from U.S. Naval Hospital Okinawa broke a gender barrier recently by becoming the first all-women team to compete in the Navy Fleet Marine Force Battle Skills Competition's eight year history.

The annual event, commonly known as the Corpsman's Cup Challenge, pits ten teams of corpsmen and dental technicians from Marine units and U.S. Naval Hospital Okinawa in a grueling weeklong test of physical, mental and field medical skills.

"It's held for local bragging rights to see who's the best when it comes to field medical battle skills," said HMCS Robert Hartzell, coach of the defending champion U.S. Naval Hospital Okinawa team and also the coach for the all-women team.

"The perception is that females are weak," said team member HM3 Marilyn Nava. "So far, I think everyone is amazed."

The first time the team tackled the Jungle Warfare Training Center's Endurance Course to practice for the competition, it took them more than 8 hours to complete. When the competition came around, they finished in just 3 hours and 13 minutes.

The women gave up their mornings, evenings and weekends to train for the competition. They learned to negotiate an obstacle and land navigation course, rappel off cliffs, paddle inflatable zodiac boats, and march long distances with heavy packs.

"We can do this," said team member HM3 Myra Treadwell. "We're here, showing everyone that girls can do this, too."

When the dust settled after the competition, the team was proud to claim they completed the entire grueling competition and scored a "personal best," even if they did come in last.

"The thing that I admire most is not just their dedication and sacrifice, but the fact is, they just don't quit," said HMCM Laura Martinez, the hospital command master chief.

As for next year's challenge?

They'll be back.

HM2 Anna Wood, HM2 Fabiola Zarate, HM3 Vicky Haskins, and HN Michelle Bartolome rounded out the team.

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MN014606. Portsmouth Mayor Proclaims Month for NSHS

PORPSMOUTH, Va. - City of Portsmouth, Va. Mayor Dr. James W. Holley III

has proclaimed December as "Naval School of Health Sciences Month" to recognize the special contributions the school has made to the Portsmouth family as a community partner.

"I was completely astounded when the Mayor of Portsmouth announced that we were being honored with a month in our name," said CAPT Charles B. Mount, NC, NSHS Portsmouth's commanding officer. "I'm so very proud of our staff and students who give back to the Portsmouth community."

School members have been involved in many volunteer projects over the years. They were cited in the proclamation for their work in clean up along roadways and a park as well as two other areas.

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MN014607. Yokosuka Hospital and Fleet Drill as Team

By Bill Doughty, U. S. Naval Hospital Yokosuka, Japan

YOKOSUKA, Japan - In mass casualty disasters, it takes a team, working together, to save lives. In Yokosuka, the team is made up primarily of firefighters and emergency medical personnel, who tested their mettle at U.S. Naval Base Yokosuka last week during a disaster drill.

It's a team that includes the Fleet, as well.

"What many people may not know are the capabilities of the USS BLUE RIDGE (LCC 19)," said CDR Eric Lovell, MC, ship's medical officer and an emergency medicine physician, who went to the scene of a simulated fire and explosion and brought several of the casualties to his ship.

"We have an operating room, a laboratory, an x-ray, and a ward of twenty beds," said Lovell. "We are capable of providing some resuscitative care. We practiced that today."

Lovell has seen first-hand real mass-casualty disasters and said that drills are vitally important, especially after the events of Sept. 11.

"Over the past two months we've been busy preparing ourselves for the needs of the Fleet, whether it be exposure to anthrax or preparation for explosions and burns," he said. "As always, there is a potential for shipboard casualties, so on a day-to-day basis, we're practicing."

Hospital corpsmen and ship's stretcher-bearers also got specialized training when they brought the casualties on board.

HM3 John Southwell, sickcall supervisor for the ship, directed transport onto the ship, through narrow passageways, and into the medical department.

"One of my responsibilities was ensuring that our stretcher bearers, while transferring from the ambulance on the pier and up the brow to medical perform the duties safely, but also expeditiously," said Southwell.

Southwell, an emergency medicine technician, said he sees excellent cooperation between the hospital and Fleet medical.

"We rely on them (the hospital) for definitive care and, in the event of an emergency they know they can rely on us for extra staff to help bring things together," he said.

Teamwork even extends beyond the fleet, fire department, and medical. In the recent drill, Army and Air Force teams provided assistance in medical evacuation, search and rescue, and hazardous material response.

"We had a very diverse group of people today, and it was just outstanding," said LT Dave Groom, MSC, the hospital's medical planner. "We exercised a new capability and it was very successful."

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MN014608. What a Difference a Day Makes: A Smoke-Out Success Story

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. - Naval Hospital Bremerton's security people breathed easier this year since they were in less danger from second-hand smoke.

A smoke free year ago, HMCS (SW) Sheila Lee, Bremerton's security head

thought she'd quit smoking - for a day.

That's when the hospital's Commanding Officer CAPT Christine Hunter, MC, came into the picture.

Hunter became Bremerton's skipper Oct. 20, 2000. Less than a month later, she was looking for someone to adopt for the annual Great American Smoke-Out held Nov. 15.

"The Skipper wanted to support the smoke-out, but she didn't want to intimidate someone junior. But by that time she had already found out she couldn't intimidate me," Lee said.

While Lee was not happy as a smoker, she said she hadn't made that final decision to give it up for good.

"I'd walk up a flight of stairs and couldn't breathe. And I have a terrible family health history on both sides," Lee said. "So I signed the papers and thought, OK, I'll do it for a day. But then it became two, then three, and now here I am. Nov. 13 was my one year anniversary."

Lee was lucky. She quit cold turkey, didn't need nicotine replacements and in a year has had no relapses - but it wasn't all smooth sailing.

"Initially I craved cigarettes," Lee said. "I used to think that part of my ignition system was a cigarette, so driving was a problem at first, and after meals. But I would get up and go for a walk, or drink a bottle of water - just do other things to take my mind off of it."

Besides being adopted, Lee attributes part of her success to spreading the word. "Right away I told everyone I know that I had quit."

With a year under her belt Lee said she feels the benefits were worth the aggravation.

"I can breathe a whole lot better. I can smell again. I can run up to the fourth deck for a 'code' and not be winded and I took two minutes off my PRT (physical readiness test) swim."

This year, Hunter has adopted security's HM2(FMF) Sam Turman.

Lee said she had been encouraging Turman to quit for about a month, when Hunter approached her about adopting him for this year's Great American Smoke-out.

Unlike Lee, Turman turned to the professionals for help. He signed up for the hospital's smoking cessation program.

Turman could very well become next year's Smoke-Out success story.

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MN014609. Rolling Thunder Brings Santa to Portsmouth

By JO3 Jodi Durie, Naval Medical Center Portsmouth

PORTSMOUTH, Va. - Santa Claus will be visiting Naval Medical Center Portsmouth on Dec. 16, but instead of arriving with his traditional reindeer and sleigh, he will be mounting a motorcycle and will be escorted by 75 to 100 leather-clad bikers.

For the fifth year, the Rolling Thunder motorcycle club will sponsor "Operation Bright Light," an event that brings cheer and holiday gifts to the children of Portsmouth's pediatric wards.

Throughout the year, Rolling Thunder's members collect toys to distribute to sick children during both "Operation Bright Light" and "Christmas in July." Any unused toys are stored at the Red Cross office and given to children who may need comfort.

Rolling Thunder's primary function is to educate and remind Americans about the many prisoners of war still unaccounted for.

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MN014610. TRICARE Changes Lowers Costs for Reservists

By Army Sgt. 1st Class Kathleen T. Rhem, American Forces Press Service

WASHINGTON, DC - Department of Defense officials have enacted

healthcare system changes to make life a little easier for reserve component members and their families following the Noble Eagle/Enduring Freedom call-up to active duty.

The most significant change is a national demonstration project that waives all TRICARE deductibles for family members of Noble Eagle/Enduring Freedom activated Reservists and guardsmen for care received since Sept. 14.

TRICARE officials realized many of these families probably paid deductibles for their civilian health plans earlier in the year. They didn't feel it fair for them to shoulder another financial burden just because their sponsor was called up toward the end of the year, said Coast Guard LCDR Robert Styron, regional operations officer for the TRICARE Management Activity.

Another change for Reserve component members is that TRICARE will pay for up to 115 percent of what is usually allowed for care under existing guidelines. Styron said the change would help Reservists who live far from active military facilities in areas that don't have TRICARE provider networks. Their families probably would end up paying more out-of-pocket if TRICARE hadn't agreed to the higher fees.

The third change is that TRICARE officials have waived the need for Guard and Reserve family members to obtain non-availability statements before receiving care from a civilian provider. Styron said DoD acknowledges many Reserve families have existing relationships with civilian providers.

"If you've already got these established relationships with a provider, we're not going to get in the way. We will allow you to continue seeing providers you know," he said.

Active-duty family members don't need a non-availability statement if they're far from a military treatment facility. If they live near a military facility, however, they generally need the statement or they must pay for the care themselves.

DoD officials have explained that families of Reserve component members called up for at least 30 days are eligible to use TRICARE benefits. Families of those activated for at least 179 days are also eligible to enroll in TRICARE Prime, which offers the most cost-effective way for military families to receive medical care.

For more information on these new benefits and on healthcare for Reservists and guardsmen, visit TRICARE for the Reserve components at www.tricare.osd.mil/reserve/default.htm.

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MN014611. HealthWatch: Fight Holiday Bulge

By Susan M. Koerner, Naval Forces Marianas

GUAM - Thanks to Halloween candy, Thanksgiving turkey and the trimmings, and holiday cookies, many people feel it's inevitable to gain weight during the holiday season.

The biggest belt-busters aren't the large sit-down dinners on Thanksgiving or other holidays, that most people think are the culprits, but the never-ending parade of holiday appetizers and sweets. Popular hors d'oeuvres like chips and dip and crab puffs are laden with fat and calories. And most people can't partake of all the cookies and candies that pile into the office and home throughout the entire month of December without feeling their clothes get tight.

"Don't use the holidays as an excuse to eat or cheat on your diet. Try to maintain regular eating," said LT Terri Moraca, MSC, a clinical dietitian and head of nutrition management at U.S. Naval Hospital Guam. "Make it more of a time to enjoy who you are with."

A study published in "The New England Journal of Medicine" in March

offered yuletide revelers some good - and some bad - news. The good news: Most people don't gain as much weight over the holidays as they think. The average person gains only about a pound during the period between Thanksgiving and New Year's. That's just a quarter of what the study participants believed they had gained.

Now for the bad news: That pound sticks around long after the holidays, and a pound a year over 20 years can add up, according to the study's author, Dr. Jack Yanovski, an obesity researcher at the National Institutes of Health.

"Most people gain that pound and have a heck of a time getting rid of it," said Yanovski. "Most of us hate going on diets and they usually backfire because we end up feeling deprived."

The National Institutes of Health study also found that the holidays posed an even greater challenge for people who were already overweight. They were more likely to gain more than five pounds, further increasing their health risks. More than half of Americans are overweight or obese, according to the Centers for Disease Control and Prevention. Obesity is a risk factor for diabetes, heart diseases and other various health problems.

The tradition of stuffing yourself with heaping platefuls of high-fat foods may pose a more immediate risk than weight gain. Research presented recently at the annual meeting of the American Heart Association found heavy meals can be hard on the heart. A person's chances of having a heart attack quadruple in the two hours following a very big meal.

Strategies for Success

So how can you make it through all the festivities with buttons intact? Moraca offers these tips for getting through the feasting season:

- Imagine your plate is divided into four equal sections with a different food group in each. Don't cover your plate with just starch.
- Use a smaller plate, and if you go back for seconds, make it for vegetables and high fiber foods.
- Eat with your less dominate hand to slows the pace. Most people don't realize it takes 20 minutes for your brain to realize that you are full.
- Bring a lower calorie or low-fat dish to the company potluck or family gathering so you know you can eat it.
- Go for a walk in the evenings to help burn off the calories.
- Learning to substitute lower fat items, such as skim milk for whole, and applesauce for cooking oil in baking recipes are also ways to make recipes healthier.

Moraca also recommends incorporating new foods into the traditional menu.

"It's good to try something new for the holidays that incorporates lower calorie items," she said. "There are lots of books out there specific to the diabetic lifestyle, with recipes that are low in sugar and low in fat to help keep the calories down."

Assistance Available

For those who feel they need more assistance, and perhaps motivation, many military treatment facilities offers classes in nutrition classes for active duty, family members and retirees. Special classes are available to active-duty members who have failed body-fat measurements.

Moraca cautioned that success doesn't happen immediately.

"It's more of a long-term process," she said. "We have people keep a food diary and get them involved in regular exercise."

According to Moraca, a well-balanced diet that includes all food groups, plenty of water, fiber, and regular exercise is the best recipe for good health.

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